

X Applicant's copy 09/836,804

ACCESSION NUMBER: 96294739 MEDLINE  
DOCUMENT NUMBER: 96294739 PubMed ID: 8698454  
TITLE: Bacterially induced bone destruction: mechanisms and misconceptions.  
AUTHOR: Nair S P; Meghji S; Wilson M; Reddi K; White P; Henderson B  
CORPORATE SOURCE: Maxillofacial Surgery Research Unit, Eastman Dental Institute, University College London, United Kingdom.  
SOURCE: INFECTION AND IMMUNITY, (1996 Jul) 64 (7) 2371-80. Ref: 137  
PUB. COUNTRY: United States  
Journal code: GO7; 0246127. ISSN: 0019-9567.  
Journal; Article; (JOURNAL ARTICLE)  
General Review; (REVIEW)  
(REVIEW, ACADEMIC)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199609  
ENTRY DATE: Entered STN: 19960912  
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Entered Medline: 19960904

AB Normal bone remodelling requires the coordinated regulation of the genesis

and activity of osteoblast and osteoclast lineages. Any interference with these integrated cellular systems can result in dysregulation of remodelling with the consequent loss of bone matrix. **Bacteria** are important causes of bone pathology in common conditions such as periodontitis, dental cysts, **bacterial** arthritis, and osteomyelitis. It is now established that many of the **bacteria** implicated in **bone diseases** contain or produce molecules with potent effects on bone cells. Some of these molecules, such

as components of the gram-positive cell walls (lipoteichoic acids), are weak stimulators of bone resorption in vitro, while others (PMT, cpn60) are as active as the most active mammalian osteolytic factors such as cytokines like IL-1 and TNF. The complexity of the integration of bone cell lineage development means that there are still question marks over the mechanism of action of many well-known bone-modulatory molecules such as parathyroid hormone. The key questions which must be asked of the now-recognized **bacterial** bone-modulatory molecules are as follows: (i) what cell population do they bind to, (ii) what is the nature

of the receptor and postreceptor events, and (iii) is their action direct or dependent on the induction of secondary extracellular bone-modulating factors such as cytokines, eicosanoids, etc. In the case of LPS, this ubiquitous gram-negative polymer probably binds to osteoblasts or other cells in bone through the CD14 receptor and stimulates them to release cytokines and eicosanoids which then induce the recruitment and activation

of osteoclasts. This explains the inhibitor effects of nonsteroidal and anticytokine agents on LPS-induced bone resorption. However, other **bacterial** factors such as the potent toxin PMT may act by blocking the normal maturation pathway of the osteoblast lineage, thus inducing dysregulation in the tightly regulated process of resorption and replacement of bone matrix. At the present time, it is not possible to define a general mechanism by which **bacteria** promote loss of bone matrix. Many **bacteria** are capable of stimulating bone matrix loss, and the information available would suggest that each organism possesses different factors which interact with bone in different

ways. With the rapid increase in antibiotic resistance, particularly with *Staphylococcus aureus* and *M. tuberculosis*, organisms responsible for much bone pathology in developed countries only two generations ago, we would urge that much greater attention should be focused on the problem of **bacterially** induced bone remodelling in order to define pathogenetic mechanisms which could be therapeutic targets for the development of new treatment modalities.

AB . . . Any interference with these integrated cellular systems can result in dysregulation of remodelling with the consequent loss of bone matrix. **Bacteria** are important causes of bone pathology in common conditions such as periodontitis, dental cysts, **bacterial** arthritis, and osteomyelitis. It is now established that many of the **bacteria** implicated in **bone diseases** contain or produce molecules with potent effects on bone cells. Some of these molecules, such as components of the gram-positive. . . action of many well-known bone-modulatory molecules such as parathyroid hormone. The key questions which must be asked of the now-recognized **bacterial** bone-modulatory molecules are as follows: (i) what cell population do they bind to, (ii) what is the nature of the. . . and activation of osteoclasts. This explains the inhibitor effects of nonsteroidal and anticytokine agents on LPS-induced bone resorption. However, other **bacterial** factors such as the potent toxin PMT may act by blocking the normal maturation pathway of the osteoblast lineage, thus. . . and replacement of bone matrix. At the present time, it is not possible to define a general mechanism by which **bacteria** promote loss of bone matrix. Many **bacteria** are capable of stimulating bone matrix loss, and the information available would suggest that each organism possesses different factors which. . . developed countries only two generations ago, we would urge that much greater attention should be focused on the problem of **bacterially** induced bone remodelling in order to define pathogenetic mechanisms which could be therapeutic targets for the development of new treatment. . .

AB . . . tomography (CT) and magnetic resonance imaging (MRI) scans. Operations included transarticular screw fixation in all cases; in patients with rheumatoid **arthritis** it was associated with sublamina fixation and **bone** grafting following Sonntag's technique in all but two cases. Postoperative results were evaluated in relation to the biomechanical stability and. . .

L10 ANSWER 2 OF 1695 MEDLINE

AB . . . together with low gastrointestinal toxicity in animal models. It is a potent inhibitor not only of acute exudation in adjuvant **arthritis** in the rat, but also of **bone** and cartilage destruction. The therapeutic range of meloxicam in the rat, with regard to inhibition of adjuvant arthritis, was several. . .

L10 ANSWER 3 OF 1695 MEDLINE

AB . . . (mean 21.5 years). Four of the 10 patients with mild deformity exhibited prominent soft tissue pathology, with minimal destruction of **bone**; the other 6 patients had bony alterations that resembled rheumatoid **arthritis**. CONCLUSION: In SLE patients with arthritis of the finger joints, MRI detects characteristic signs of soft tissue pathology (e.g., capsular. . .

L10 ANSWER 4 OF 1695 MEDLINE

TI Mice missing enzyme suffer dwarfism, thin **bones**, and **arthritis**.

L10 ANSWER 5 OF 1695 MEDLINE

AB IL-7, a powerful lymphopoietic cytokine, is elevated in rheumatoid **arthritis** (RA) and known to induce **bone** loss when administered in vivo. IL-7 has been suggested to induce bone loss, in part, by stimulating the proliferation of. . .

L8 ANSWER 1 OF 2 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 2001:798038 CAPLUS

DOCUMENT NUMBER: 135:339263

TITLE: Use of thioamide oxazolidinones for the treatment of  
**bone resorption and osteoporosis**

INVENTOR(S): Mesfin, Gebre-Mariam; Jensen, Richard K.

PATENT ASSIGNEE(S): Pharmacia + Upjohn Company, USA

SOURCE: PCT Int. Appl., 76 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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WO 2001080841	A2	20011101	WO 2001-US10805	20010417
WO 2001080841	A3	20020404		
W:	AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
RW:	GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG			
US 2002010341	A1	20020124	US 2001-836804	20010417
EP 1274426	A2	20030115	EP 2001-926589	20010417
R:	AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR			
PRIORITY APPLN. INFO.:	US 2000-198688P P 20000420 WO 2001-US10805 W 20010417			
OTHER SOURCE(S):	MARPAT 135:339263			

L8 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1999:350596 CAPLUS

DOCUMENT NUMBER: 131:724

TITLE: Use of oxazolidinone derivatives for treating  
psoriasis and arthritis and reducing the toxicity of  
cancer chemotherapy

INVENTOR(S): Batts, Donald H.; Ulrich, Roger G.

PATENT ASSIGNEE(S): Pharmacia & Upjohn Company, USA

SOURCE: PCT Int. Appl., 25 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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W:	AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ,			
TM				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG			
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(FILE 'HOME' ENTERED AT 11:10:57 ON 15 OCT 2001)

FILE 'CAPLUS' ENTERED AT 11:11:09 ON 15 OCT 2001

L1 1 S WO9854161/PN

SELECT L1 1 RN

L2 38753 S E1-E106

FILE 'REGISTRY' ENTERED AT 11:12:48 ON 15 OCT 2001

L3 1 S 168828-65-7/RN

FILE 'REGISTRY' ENTERED AT 11:14:21 ON 15 OCT 2001

L4 1 S 172966-53-9/RN

FILE 'REGISTRY' ENTERED AT 11:14:58 ON 15 OCT 2001

L5 1 S 181996-80-5/RN

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L7 1 S 216868-57-4/RN

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L10 1 S 216868-99-4/RN

FILE 'CAPLUS' ENTERED AT 11:20:45 ON 15 OCT 2001

L11 11 S E17-E49

L12 1 S L11 NOT PY>=2000

L13 3 S L11 NOT PY>2000

L14 0 S L11 AND (BONE OR OSTEOPOROSIS)

FILE 'MEDLINE, EMBASE, BIOSIS' ENTERED AT 11:32:18 ON 15 OCT 2001

FILE 'MEDLINE' ENTERED AT 11:32:22 ON 15 OCT 2001

L15 3214 S (ANTIBACTERIAL OR BACTERIA?) (L) (BONE# OR OSTEOPOROSIS)

L16 3205 S (ANTIBACTERIAL OR BACTERIA?) (S) (BONE# OR OSTEOPOROSIS)

L17 2857 S L16 NOT PY>=2000

L18 56 S (ANTIBACTERIAL OR BACTERIA?) (S) (BONE(W) (DISEASE# OR  
DISORDERS

L19 45 S L18 NOT PY>=2000

L20 57 S (ANTIBACTERIAL OR BACTERIA?) (L) (BONE(W) (DISEASE# OR  
DISORDERS

L21 46 S L20 NOT PY>=2000

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L22 1 WO9854161/PN

=> d l22 fam

L22 ANSWER 1 OF 1 INPADOC COPYRIGHT 2001 EPO

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*method  
compounds  
& composites*

5 priorities, 12 applications, 14 publications



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